

AUTO CR - LOG SUMMARY #1055480

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Reporting Party Victim						M	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
08-JUL-2012 09:30 - 08-JUL-2012 09:30		0323	003	290 - RESIDENCE	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
CPD Employee	Accused UNKNOWN,					ON Duty	The complainant alleges that the accused officers refused to provide him with a police report about damage to property.

Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Witness						F	BLK	CHICAGO	
NON-CPD Witness						M	BLK	CHICAGO	

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	INTERNET
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y	Y

Investigator History

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
DRAYTON, KENNETH	Primary	DISTRICT/UNIT	31-JUL-2012	30-AUG-2012		2542

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED/NO CONVERSION	07-NOV-2012 08:58	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	
PENDING INVESTIGATION	31-JUL-2012 08:44	SCOTT, NIYA	PERSONAL COMP OPER 2	121 /	
PENDING ASSIGN INVESTIGATOR	13-JUL-2012 03:22	DUNN, BRENDA	SERGEANT OF POLICE	121 /	
PENDING APPROVE TEAM	13-JUL-2012 08:25	DEL RIVERO, MINERVA	POLICE OFFICER	121 /	Per ICLEAR [REDACTED] No record for Kosak.
PENDING ASSIGN TEAM	12-JUL-2012 05:41	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	12-JUL-2012 04:04	DOUGLAS, KHRYSTL	INTAKE AIDE		
PRELIMINARY	12-JUL-2012 03:08	DOUGLAS, KHRYSTL	INTAKE AIDE		

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					DOUGLAS, KHRYSTL	12-JUL-2012 03:08			
	DOCUMENTS - INTAKE INCIDENT		3	[REDACTED]	N	DOUGLAS, KHRYSTL	12-JUL-2012 04:03	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 12-JUL-2012) - LOG #1055480

TYPE: INFO

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
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Incident Information

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CPD Employee	Accused UNKNOWN,					ON Duty	The complainant alleges that the accused officers refused to provide him with a police report about damage to property.

Incident Details

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Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IAD	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
10U - GROUP 10 - OPERATION/PERSONNEL VIOLATIONS (ON DUTY) INADEQUATE / FAILURE TO PROVIDE SERVICE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IAD	DISTRICT/UNIT	DRAYTON, KENNETH (PRIMARY INV)	31-JUL-2012 08:44	SCOTT, NIYA	
IAD	DISTRICT/UNIT	-	13-JUL-2012 08:25	DEL RIVERO, MINERVA	
IAD	INTERNAL AFFAIRS DIVISION	-	12-JUL-2012 15:08	DOUGLAS, KHRYSTL	

Status History

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COMPLAINT [REDACTED]

YOUR PERSONAL INFORMATION

Complaint ID : [REDACTED]

Name : [REDACTED]

Race : BLACK

Address : [REDACTED]

Sex : MALE

Age : 56

Your contact information

Best time to contact : 11.30 AM

Primary Contact Phone Number : [REDACTED]

E-mail Address : [REDACTED]

Home Phone Number : [REDACTED]

Your injury information

Were you injured in this incident? NO

Please describe the injury :

Did you need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

INFORMATION ABOUT THE INCIDENT

Description of the incident : POLICE OFFICERS REFUSED TO WRITE AN INCIDENT REPORT OR DAMAGE TO PROPERTY REPORT AFTER RESPONDING TO MY ATTEMPTED ASSAULT AND BATTERY (DOMESTIC VIOLENCE) CALL ON JULY 8, 2012. THE OFFICERS INTERVIEWED ME AND THE RESIDENTIAL WITNESSES/ROCCUPANTS, ONE CERTIFIED DISABLED AND OTHER ONE WAS THE OFFENDER, AND AGREED WITH THEIR VERSION OF THE INCIDENT. THEREFORE, I AM REQUESTING A DAMAGE TO PROPERTY REPORT BASED ON PHYSICAL PROOF OF STRUCTURAL DAMAGE FOR INSURANCE PROPOSE. .

Location of the incident

Street Number : [REDACTED]

Direction : S

Street Name : [REDACTED]

Apt No. :

Building Name : [REDACTED]

Floor : [REDACTED]

Unit :

Location Description : SEVERE DAMAGE TO BASEMENT REAR ENTRY DOOR.

Incident Date and Time

Date : 07/08/2012

Time : 09:30 PM

Evidence

Video Evidence : NO

Audio Evidence : NO

INFORMATION ABOUT THE POLICE OFFICERS

Police officer #1

Last Name : [REDACTED] First Name : Star No. :
Rank : Assigned Unit : On Duty : YES
Sex : FEMALE Race : WHITE
Officer Description : 5'6"/135 LBS/BLOND HAIR
Police Vehicle Beat Number : Vehicle Number : License Plate :
Vehicle Description :

Police officer #2

Last Name : [REDACTED] First Name : Star No. :
Rank : Assigned Unit : On Duty : YES
Sex : MALE Race : WHITE
Officer Description : 5'7"/140 LIBS/BALD HEAD
Police Vehicle Beat Number : Vehicle Number : License Plate :
Vehicle Description :

INFORMATION ABOUT VICTIMS AND WITNESSES

Victim #1 personal information

Last Name : [REDACTED] First Name : [REDACTED] Sex : MALE
Race : BLACK Age : 56 Contact: [REDACTED]

Victim #1 injury information

Was the victim injured in this incident?: NO

Please describe the injury :

Did the victim need medical attention? NO

Hospital/Medical Center :

Please describe the medical treatment :

Witness #2 personal information

Last Name : [REDACTED] First Name : [REDACTED] Sex : FEMALE
Race : BLACK Age : 98 Contact: [REDACTED]

Witness #2 injury information

Was the witness injured in this incident?: NO

Please describe the injury :

Did the witness need medical attention?: NO

Hospital/Medical Center :

Please describe the medical treatment:

Witness #3 personal information

Last Name : [REDACTED] First Name : [REDACTED] Sex : MALE
Race : BLACK Age : 76 Contact: [REDACTED]

Witness #3 injury information

Was the witness injured in this incident?: NO

Please describe the injury :

Did the witness need medical

attention?: NO

Hospital/Medical Center :

Please describe the medical treatment: